



SPC ID #

(A) Facility Name: _____
Mailing Address: _____

Zip Code: _____
Phone: (_____) _____

(B) Physical Location: _____
County: _____
Phone: (_____) _____

(C) Nature of Business: _____
Technical Contact: _____
Title: _____
Phone: (_____) _____

RULE 1200-1-11.03(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.

pH (if applicable) _____ Radioactive (Y/N) _____
Flash Point (if applicable) _____ Infectious (Y/N) _____
Physical State: Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐
Color: _____ Percent Solid: _____

(B)

Rate of Waste "Disposal": Quantity _____

Type Units: Tons ☐ cy ☐ lbs ☐ Other _____
(specify)

Frequency of Disposal: One Time ☐ Daily ☐ Weekly ☐

Monthly ☐ Annually ☐ Other _____
(specify)

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4. (continued)

(C) Include a narrative and a flow diagram of the process that generates the waste. Your explanation must describe the **POTENTIAL** contaminants in the waste which should justify your scope of constituents in Item 3. Include attachments as necessary.

Attachment Included (Y/N)_____

Attachment Included (Y/N)_____

5. HOW IS WASTE PRESENTLY MANAGED?

6. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.

Drums ☐ Roll-Off ☐ Container (dumpster, collector box) ☐ Plastic Bags ☐ Truck ☐ Other _____

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7. PROPOSED DISPOSAL / PROCESSING FACILITY. List only a facility that you have contacted and which has agreed to accept your waste if approved by the Department.

(A) Facility Name: _____

(B) Facility Permit Number: _____

(C) Facility Operator / Contact Name: _____

Phone: (_____) _____

(A) Facility Name: _____

(B) Facility Permit Number: _____

(C) Facility Operator / Contact Name: _____

Phone: () _____

8. PROPOSED TRANSPORTER.	
Name:	_____
Address:	_____
Phone:	(_____) _____

Name: _____

Address: _____

Phone: () _____

9. I hereby certify that the above information is true and accurate to the best of my knowledge.

Waste Generator's Authorized Signature:

Preparer's Signature (If Different):

Date _____

Date _____

Official Use Only

Reviewer's Signature _____

Date Reviewed

Send originals with attachments to the Solid Waste Field Office for the region in which the facility listed in Item 7 above is located.

